

ATTACHMENT 1

Procedure code conversion chart for adult mental health day treatment services

The following table lists the nationally recognized procedure codes and modifiers that providers will be required to use when submitting claims for adult mental health day treatment services. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Before HIPAA implementation	After HIPAA implementation			
Local procedure code description	Replaced by HCPCS* procedure code	Program modifier code	Service modifier code	ICD-9-CM** Diagnosis code restrictions
W8910 Day treatment Inpatient recipient — 1 hour	H2012 Behavioral health day treatment Per hour	HE Mental health program	None	295-302.9 306-309.9 311-316
W8911 Day treatment Outpatient recipient — 1 hour				
W8912 Day treatment Nursing home recipient — 1 hour				
W8913 Functional assessment Positive day treatment — 1 hour	H2012 Behavioral health day treatment Per hour	HE Mental health program	U6 Functional assessment	Diagnosis code required, but no restrictions.
W8914 Functional assessment Negative day treatment — 1 hour				
W8988 Limitation exceeded Functional assessment Positive day treatment — 1 hour	Has been eliminated			
W8989 Limitation exceeded Functional assessment Negative day treatment — 1 hour	Has been eliminated			

*HCPCS = Healthcare Common Procedure Coding System.

**ICD-9-CM = *International Classification of Diseases, Ninth Revision, Clinical Modification*